

VISITATION PLAN

CHILD PROTECTIVE SERVICES - PERMANENCY AND CONSERVATORSHIP

Purpose: This form documents the visitation schedule that the caseworker has developed with the parents.

Instructions: This form may only be completed by Conservatorship (CVS) staff.

Directions: Conservatorship (CVS) staff document the responses to each question below and provide the parent with the Visitation Expectations Document. Once completed, the worker obtains signatures, makes copies, gives the parents a copy and files the original in the case record. For additional information on constructing a visitation plan, see the Child and Family Visitation Best Practice Guide.

Note to parents:

While your children are in DFPS custody, you can have contact with them according to the plan outlined below, unless a court has ordered otherwise.

Your caseworker is required to develop the visitation plan in collaboration with you. Please make your desires for visitation and scheduling restrictions known to your caseworker during the development of this plan.

The visitation plan will be reviewed upon request by the parent or DFPS but no later than the next family service plan review.

| Par | ticipants included in the visit (including siblings) |
|---|---|
| Cause No: | |
| Case Name: | |
| | |
| | |
| | |
| | Visitation Schedule |
| STAGE OF | ☐ Unsupervised ☐ Low ☐ Medium ☐ High |
| SUPERVISION | |
| Are there any | |
| limitations on visits? | |
| Length of Visit | |
| Visitation Frequency | |
| Day and Time of Visit | |
| Visit Location (Options may include the home of the | |

| parents, relatives, or foster parent; CPS office; or other agreed upon location.) | | | | |
|--|----------|--------------|--|--|
| Visit Supervision (List all persons approved to supervise visits and their contact information.) | | | | |
| Additional Supportive Adults | | | | |
| (List any adults that the parent would like CPS to consider to supervise visits and aid in transportation.) | | | | |
| If visits are | | | | |
| supervised, address what needs to occur | | | | |
| for visits to have | | | | |
| less/no supervision | | | | |
| List other approved | | | | |
| forms of contact (Examples include email, social | | | | |
| media, texting, or phone calls.) | | | | |
| Rules and | | | | |
| expectations for visits (including any rules | | | | |
| regarding who may come to the visit) | | | | |
| Services provided to | | | | |
| support visitation (Address services that are | | | | |
| being provided to the parent to assist with the visits, such as | | | | |
| transportation, snacks, | | | | |
| activities, etc.) | <u> </u> | | | |
| I participated in the development of this visitation plan and a copy of the Visitation Expectations has been provided to me. I understand the plan and the Visitation Expectations as written. | | | | |
| Parent Signature: | | Date Signed: | | |
| X | | | | |
| Parent Signature: | | Date Signed: | | |
| X | | | | |

| Caseworker Signature: | Date Signed: |
|-----------------------|--------------|
| X | |